



OFFICE OF PUBLIC INSTRUCTION

PO BOX 202501
HELENA MT 59620-2501

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(406) 444-3095
888-231-9393
(406) 444-0169 (TTY)

Linda McCulloch
Superintendent

MONTANA EDUCATOR LICENSURE APPLICATION

The Montana Superintendent of Public Instruction is responsible for issuing all teacher, administrator, and specialist licenses in the State of Montana. The Educator Licensure Program at the Superintendent's Office of Public Instruction is responsible for evaluating all applications for licensure. You may contact the Educator Licensure Program at <http://www.opi.state.mt.us/> or at (406) 444-3150.

Montana law requires that all educators be properly licensed and endorsed prior to being employed in an accredited school in Montana. If you have not been licensed in Montana, or if you wish to reinstate a lapsed, revoked or suspended license, you must complete this application material. **Montana law also requires that any applicant for initial licensure, any person seeking emergency authorization of employment or any applicant seeking to reinstate a lapsed, revoked or suspended license must submit information and material for a fingerprint-based national criminal history background check.** The application for that background check is a separate packet of documents. If you need a background check application, contact the Office of Public Instruction at (406) 444-3150 or (406) 444-4402.

Please follow the instructions, complete all application material, attach all required documentation, and return the completed application material to:

**Educator Licensure Program
Montana Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501**

Over 170 years ago, Abraham Lincoln said, "Upon the subject of education, . . . I can only say that I view it as the most important subject which we as a people can be engaged in." Nothing has changed since that time — public education remains a cornerstone of our democracy. Thank you for your interest in applying for a Montana Educator License. We welcome the opportunity to consider your application.

If you ever need assistance from my staff or me, please contact us. Our website at <http://www.opi.state.mt.us/> contains a great deal of information that may be of help to you.


Superintendent Linda McCulloch

MONTANA LAW GOVERNING EMERGENCY AUTHORIZATION OF EMPLOYMENT

20-4-111. Emergency authorization of employment. (1) A district may request from the superintendent of public instruction an emergency authorization of employment for a person who is not the holder of a valid teacher or specialist certificate as an instructor of pupils when the district cannot secure the services of a person holding a valid certificate. The person must have previously held a valid teacher or specialist certificate or shall meet the standards of preparation prescribed by the policies of the board of public education for and during an emergency. Emergency authorization of employment must indicate:

- (a) the district to which the authorization is issued;
- (b) the person whom the district is authorized to employ;
- (c) the endorsement for elementary or secondary instruction and the specific subject fields for which authorization to employ the person is given; and
- (d) the school fiscal year for which the emergency authorization of employment is given.

(2) Emergency authorization of employment of a person is valid for the school fiscal year identified on the authorization and may be renewed in accordance with the board of public education policies. A fee not to exceed \$6 and, if no teacher or specialist certificate or emergency authorization of employment has ever been issued for the person, a filing fee of \$6 must be paid for the issuance of an emergency authorization of employment. The superintendent of public instruction shall deposit the fees with the state treasurer to the credit of the general fund.

(3) Emergency authorization of employment of a person may be revoked for good cause in accordance with the provisions of 20-4-110.

EXCERPTED FROM ADMINISTRATIVE RULES OF MONTANA

ARM 10.57.107 EMERGENCY AUTHORIZATION OF EMPLOYMENT

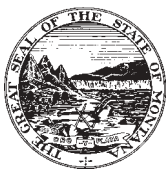
(1) Montana law (Section 20-4-111 MCA) establishes that an emergency authorization of employment may be granted to a school district for an individual who does not hold a valid teacher certificate when such district cannot obtain the services of a certified teacher. The person for whom such an emergency authorization is sought either shall have held previously a valid teacher certificate or shall have met standards prescribed by the board of public education.

(2) In accordance with section 20-4-111, MCA, school administrators who have exhausted all possibilities for obtaining a regularly certified teacher may request that the superintendent of public instruction issue an emergency authorization of employment to the district to employ a person to teach in the emergency situation. The requirements and standards set forth below must be met to assure consideration of a request for an emergency authorization of employment.

- (a) The request for emergency authorization of employment must originate with the school district.
- (b) The position must have been advertised through the teacher placement offices of the Montana Job Service and the Montana university system, or its equivalent, far enough in advance to reasonably enable qualified applicants to submit applications and credentials to be interviewed.
- (c) The individual for whom the emergency authorization is being sought:
 - (i) shall have previously held a valid teacher or specialist certificate; or
 - (ii) shall hold a bachelor's degree related to the area for which the emergency authorization of employment is being sought; or
 - (iii) shall provide acceptable evidence of cultural expertise related to the area for which the emergency authorization of employment is being sought.

(3) An emergency authorization of employment is valid for one year.

(a) Under section (2)(c)(iii), above, a district administrator may apply for the renewal of an approved emergency authorization of employment on an annual and continuous basis by requesting renewal by letter to the superintendent of public instruction. A copy of that request must be provided to the appropriate county superintendent of schools.



Linda McCulloch, Superintendent
Montana Office of Public Instruction
PO Box 202501
Helena, MT 59620
www.opi.state.mt.us
ATTN: Educator Licensure

APPLICATION FOR EMERGENCY AUTHORIZATION OF EMPLOYMENT

- Incomplete applications will be returned without action.
- Make certain that all appropriate items on both sides of the application have been completed.
- Complete Character and Fitness Supplement and submit with application.
- The Fingerprint-Based National Criminal History Background Check Application must be completed and submitted to the Department of Justice with a \$32 fee.

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I. POSITION FOR WHICH AUTHORIZATION IS BEING SOUGHT: (District Official completes.)

1. County

2. District

3. Grades/Subjects

4. Name of School

5. This vacancy occurred _____, 20____, because

6. Category of applicant: (see attached rule)

- (1) If proposed teacher is requested under category (c)(i), indicate certificate held, state of origin and expiration date (attach copy).
- (2) If proposed teacher is requested under category (c)(ii), attach an official (with college seal) college transcript showing degree held.
- (3) If proposed teacher is requested under category (c)(iii), please include verification of cultural expertise. This may include prior experience, verification by tribal leader, or similar information.

II. RECRUITING EFFORTS: (District Official or County Superintendent completes) (Section 10.57.107, ARM)

1. The position has been listed with teacher recruiting agencies in the following institutions (specify dates and include copies of the listings):

University of Montana _____
Montana State University _____
Eastern Montana College _____
Western Montana College _____

Northern Montana College _____
Employment Security Comm. _____
Other _____

2. Other recruiting efforts (including follow-up of listings cited above):

III. INFORMATION CONCERNING INDIVIDUAL FOR WHOM AUTHORIZATION IS BEING SOUGHT (Teacher completes):

1. Folio Number

2. Social Security Number

3. Last Name

First Name

Middle Name

Former Name

4. Mailing Address (Street, RFD, P.O. Box)

City, State, ZIP

5. Date of Birth (Month, Day, Year)

6. Last Montana license held. (If you have not held Montana licensure, list your most recent certificate held in another state.)

Oath: You must subscribe to the following oath or affirmation before a notary public or other officer authorized by law to administer oaths.
(MCA §20-4-104.)

State of _____

County of _____

- I solemnly swear (or affirm) that I will support The Constitution of the United States of America and The Constitution of the State of Montana.

Declaration:

- I hereby declare under penalty of perjury the information included in or with my application is true, correct, and complete to the best of my knowledge. In signing this application, I am aware that a false statement of material fact, misrepresentations, or omissions of material fact in or with this application may lead to the denial, revocation or suspension of the license(s) I am seeking.
- I acknowledge that I have read the **Professional Educators of Montana Code of Ethics**.

Subscribed and sworn before me
this _____ day of _____.

Signature of Applicant _____

Signature of Notary Public _____

My Commission Expires _____

IV. DISTRICT AND COUNTY ENDORSEMENT OF APPLICATION:

Signature of District Clerk, Superintendent or Board of Trustees Chair		Title	Date
District	Mailing Address: (Street, RFD, P.O. Box)	City, State, ZIP	
Signature of County Superintendent		County	Date

NOTE: Upon approval of this application by the State Superintendent, a fee of \$6 will be assessed. Only after receipt of a check or money order will the Emergency Authorization of Employment be issued to the district (Section 20-4-109, MCA).

FOR OPI USE

Approved

Date

Comments:



Linda McCulloch, Superintendent
Montana Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501
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ATTN: Educator Licensure

MONTANA EDUCATOR LICENSURE APPLICATION CHARACTER AND FITNESS SUPPLEMENT

All applicants must complete and submit this supplement.

Last Name	First Name	Middle Initial	Former Name(s)	
Mailing Address: (Street, RFD, PO Box)		City	State	ZIP

Social Security Number

	Yes	No
Do you currently hold a Montana Educator License?		
Do you currently hold or have ever held a professional certificate, license, or other credential in any other field?		
If yes, please provide: State or Jurisdiction _____ Type of license _____ Certificate Number _____ Issue Date _____ Expiration Date _____		

Answer each of the following questions by checking "Yes" or "No." **If the answer to any of the questions below is "Yes," please attach a separate signed, dated, and detailed explanation of each event, including the date of the event and the circumstances surrounding the event.**

The questions apply to your experiences in Montana or in any other state or country.		Yes	No	Information Previously Provided to OPI
1	Have you ever had adverse action taken against any professional certificate, license, or other credential issued for practice in any field, including teaching, or is any such action pending? Adverse action includes, but is not limited to, letter of warning, reprimand, denial, suspension, revocation, voluntary surrender, cancellation or failure to renew.			
2	Have you ever resigned or been disciplined, discharged, or asked to resign or retire from a professional position or military service because of allegations of misconduct or is any such action pending? The scope of this question includes being dismissed from any teaching, administrative or specialist position for failure or refusal to fulfill an employment contract or any other misconduct associated with the teaching profession.			

		Yes	No	Information Previously Provided to OPI
3	<p>Have you ever been convicted of a felony or misdemeanor crime in Montana or any other state or country or is any such action pending?</p> <p>You may omit minor traffic violations, such as speeding tickets, but you must include DWIs, DUIs, reckless driving or similar violations. You must include cases in which you were found guilty, entered into a plea agreement, or entered a plea of “no contest” (or similar plea). We encourage you to be as inclusive as possible. If you are uncertain about whether to include a particular experience, contact OPI Legal Division at (406) 444-4402.</p> <p>If the answer to this question is “Yes” please include the court name and address and the case name and number if available. If you have copies of court documents, please provide copies with your statement regarding the circumstances.</p>			

Release of Information:

I am seeking a Montana Educator License. I hereby expressly and voluntarily authorize the release of any and all information of a confidential or privileged nature, including confidential criminal justice information, to the Montana Office of Public Instruction and its agents. I understand and agree that such information may be necessary for the evaluation of my Educator Licensure Application. I release the Montana Office of Public Instruction and any agency, court, organization, company, institution, or person furnishing this information from any liability for damage that may result from any dissemination of the information requested. My signature below confirms this consent.

I hereby declare under penalty of perjury the information included in or with this supplement is true, correct, and complete to the best of my knowledge. In signing this application, I am aware that a false statement of material fact, misrepresentation, or omission of material fact in or with this application may lead to the denial, revocation or suspension of the license I am seeking.

Date

Applicant Signature

FOR OFFICE OF PUBLIC INSTRUCTION USE ONLY:

Fingerprint Background Check Complete _____

Investigation Complete _____

Application Approved: _____ Date _____

Comments:

**For more information concerning Educator Licensure in Montana,
visit our website at www.opi.state.mt.us
or contact:**

**Margaret Bowles, Program Manager
Educator Licensure Program
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501
(406) 444-3150**



Linda McCulloch, Superintendent

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